



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES  
COMMUNITY FOOD AND NUTRITION ASSISTANCE  
SUMMER FOOD SERVICE PROGRAM (SFSP)

**Documentation of Training to Program Personnel**

<b>Name and Address of Sponsor</b>	<b>Date of Training</b>										
<b>Name of Trainer(s)</b>	<b>Location of Training</b>										
<b>Training Topics:</b> Check the topics covered and list any additional. Topics listed are the minimum required. <table border="0"><tr><td><input type="checkbox"/> Purpose of the Program</td><td><input type="checkbox"/> Record-keeping</td></tr><tr><td><input type="checkbox"/> Meal Pattern Requirements</td><td><input type="checkbox"/> Duties of a Monitor</td></tr><tr><td><input type="checkbox"/> Site Eligibility</td><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Site Operations</td><td></td></tr></table>				<input type="checkbox"/> Purpose of the Program	<input type="checkbox"/> Record-keeping	<input type="checkbox"/> Meal Pattern Requirements	<input type="checkbox"/> Duties of a Monitor	<input type="checkbox"/> Site Eligibility	<input type="checkbox"/> Other _____	<input type="checkbox"/> Site Operations	
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Attach additional pages if necessary or attach copy of training program outline.											
<b>Training Participant (print name)</b>	<b>Participant's Signature</b>	<b>Title</b>	<b>Name of Participant's Site</b>								